
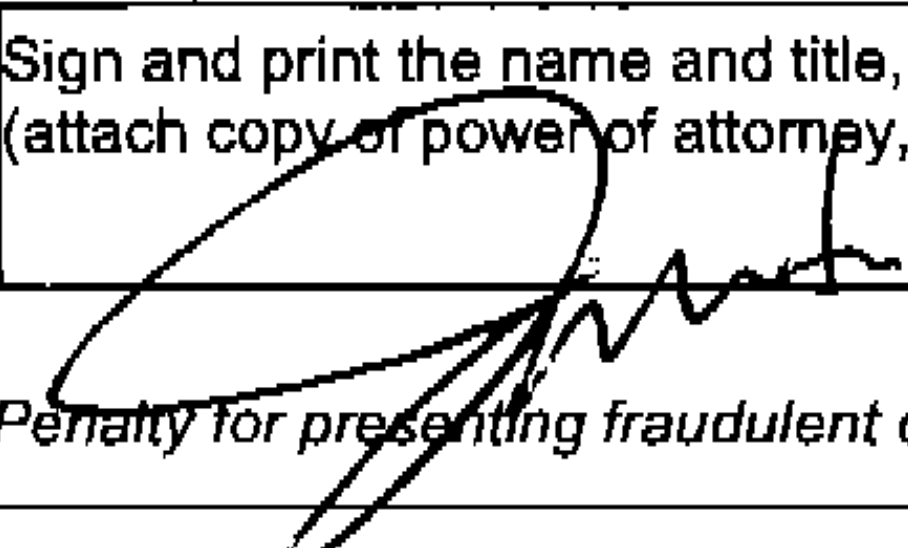


United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> <b>Stage Stores, Inc., a Delaware corporation</b> <input type="checkbox"/> <b>Specialty Retailers, Inc., a Texas corporation</b> <input type="checkbox"/> <b>Specialty Retailers, Inc. (NV), a Nevada corporation</b> *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-41668  United States Bankruptcy Court Southern District of Texas FILED  <b>JUN 26 2000</b>  <b>Michael N. Milby, Clerk</b>
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Markwins Int'L Corp		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent:  *****MIXED AADC 900 Markwins Int'L Corp 22067 Ferrero Parkway City Of Industry CA 91789  		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ - _____ - _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed: \$ 6,216.56</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for _____ the purpose of making this proof of claim.		This Space Is for Court Use Only	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date 6/22/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  JULIE HSU CONTROLLER		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

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## A C C O U N T S   R E C E I V A B L E   A G I N G   R E P O R T

Aged As Of 06/02/2000

Printed In Customer Number, Apply-To Number Order, Detail, Open Items Only

Minimum Balance Due: All

In Aging Period Or Older: All

Document Types   I = Invoice   P = Payment   C = Cr Memo   D = Dr Memo   B = Balance Forward   F = Finance Charge

Notes: Types I, B And F Are Aged By Their Doc Date. Types P, C And D Are Aged By Doc Date Of The Document To Which They Apply.

On Types I, B, C And D Amount-1 Is Sale Amt. On Type P Amount-1 Is Cash Receipt Amt. On Type F Amount-1 Is Fin Charge Amt.

On Types I, C, and D Amount-2 Is Other Charges. On Type P Amount-2 Is Discount And Allowance. (No Amount-2 For Types F &amp; B).

Cust-No	Name	Phone-No				
Bal-Mthd	Contact		***** Aged Customer Balance *****			
	Terms	Slsman Cllctr Terr Loc	Crdt-Lmt	0 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS   OVER 90 DAYS

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STAGE            STAGE STORES  
 Opn-Itm        MARY MOORE  
                  NET 30                    00                    W1

Doc-No	Doc-Date	Tp	Appl-To	Due-Date	Amount-1	Amount-2	Doc Total	Apply-To Balance	Reference
73655	04/21/2000	I	73655	05/21/00	1,361.60	.00	1,361.60	1,361.60	Po: 10006688   Our Ord: 6355
73656	04/21/2000	I	73656	05/21/00	4,854.96	.00	4,854.96	4,854.96	Po: 10005595   Our Ord: 6356
Customer Total:					6,216.56	.00		6,216.56	.00   .00
1 Cust Printed Grand Totals:					6,216.56	.00		6,216.56	.00   .00
% Of Balance:						.00		100.00	.00   .00
Outstand B,D,I					6,216.56	.00		6,216.56	.00   .00
Unapplied C,P					.00	.00		.00	.00   .00
Finance Charges					.00	.00		.00	.00   .00



22067 Ferrero Parkway, City of Industry, CA 91789  
Calif.: (909) 595-8898 Customer Service: (800) 626-8878

DUNS # 11-331-3969



**Sold to:** STAGE STORES  
SRI ACCTS PAYABLE  
P.O. BOX 20768  
HOUSTON, TX 77225-0768  
U.S.A.

**Ship to:** STAGE STORES  
STAGE STORES/JACKSONVILLE D  
506 BEALLS BOULEVARD  
JACKSONVILLE, TX 75766  
U.S.A.  
DEPT NO: 379

## INVOICE

**Invoice Date** 04/21/2000 **Invoice No.** 73656 **Page** 01 **Due Date** SEE TERMS

**Ship Via** NEED TO CH **FOB** XXX WORK ORDER NO 6356 **Terms** NET 30 **P.O.#** 10005595  
**Sales Person** 00

Item No.	Description	Quantity Ordered	Quantity Shipped	Unit Price	Disc. %	Net Unit Price	Extended
80422	BB PERFECT COLORS CUS ITEM NO:	396	396	\$6.13	00.00		\$2,427.48
80622	BB ENCHANTING NAILS CUS ITEM NO:	396	396	\$6.13	00.00		\$2,427.48

Interest at the rate of 10% per annum, pro rated on a monthly basis, will be added to any past due account. If your account is turned over for collection, the prevailing party in any litigation shall be liable for all reasonable attorney's fees and costs.

<b>Total Gross</b>	:	\$4,854.96
<b>Total Discount</b>	:	\$0.00
<b>Sub-Total</b>	:	\$4,854.96
<b>Freight</b>	:	\$0.00
<b>Total Tax</b>	:	\$0.00
<b>Total to Pay</b>	:	\$4,854.96



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Sold to:

Ship to:

# INVOICE

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 P.O. BOX 20768  
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STAGE STORES  
 STAGE STORES/JACKSONVILLE  
 506 BEALLS BOULEVARD  
 JACKSONVILLE, TX 75768  
 U.S.A.

Invoice Date

Invoice No.

Page

DEF Due Date 79

Ship Via

FOB

Terms

P.O.#

Sales Person

04/21/2000

73655

01

SEE TERMS

Item No.	NEED TO CH Description	XXX WORK ORDER NO	Quantity Ordered	Quantity Shipped	Unit Price	Disc. %	Net Unit Price	Extended
89982	KOHL MANICURE BASICS		230	230	\$5.92	00.00		\$1,361.60
	CUS ITEM NO:							

XXXXXX  
 XXXXXX

89982 KOHL MANICURE BASICS 230 230 \$5.92 00.00 \$1,361.60  
 CUS ITEM NO:

Total Gross	:	
Total Discount	:	
Sub-Total	:	
Freight	:	\$1,361.60
		\$0.00
		\$1,361.60
Total to Pay	:	\$0.00
Total Tax	:	\$0.00
		\$1,361.60

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